



Community engagement helps eliminate illicit charges in health care



Introduction

Mozambique has high rates of maternal mortality (301 deaths/100,000 live births) and neonatal mortality (30.3 deaths/1,000 live births) stemming from a number of complex issues.¹ The Alert Community Prepared Hospital (ACPH) Care Continuum Implementation Research Project, which seeks solutions to reduce maternal and neonatal mortality, began by asking the community a simple question: why are pregnant women and newborns dying in your community?

Some of the most common answers encompassed health provider mistreatment, naming illicit charges as a key barrier to accessing high-quality, timely care. Illicit charges are levied at the pharmacy to get drugs, in the emergency room

to get faster attendance, and in maternity wards to get delivery support.

In addition, the process of submitting and addressing complaints at the district hospital was inadequate. Community members reported that complaints did not have any impact, nor did they lead to any changes in service delivery. Local Community Health Committees were mostly inactive, and the District Hospital Co-Management Committee only met occasionally with few participants present.

To address these shortcomings, the Research Project developed a series of objectives that align with the Ministry of Health (MISAU) defined strategies, programs, and tools. MISAU has targeted illicit charges and the issue of difficult access to health care in three ways:

¹ 2016 data from UNICEF Data Warehouse: <https://data.unicef.org> [Accessed 10 October 2020]



- i. Developing Local Health Committees to inform, educate, and discuss local health issues;



- ii. Developing District Hospital Co-Management Committees, comprised of health professionals and members of Local Health Committees to discuss, inform, and cooperate on questions of facility management and provision of health care services;



- iii. Developing the health facility challenges survey tool, which uses community and hospital-based reports and meetings to monitor and evaluate hospital function and user satisfaction.

Research goal

The goal of this research was to decrease illicit charges through developing strong Local Health Committees, strengthening the District Hospital Co-Management Committee and implementing the newly developed health facilities challenges survey. The research took place in the Naticiri Administrative District, a semi-rural area of approximately 50,000 people just outside of Nampula in northern Mozambique.

The implementation process

University Lurio (Mozambique) and the University of Saskatchewan (Canadian partner) have been working in Naticiri for over ten years and have developed close partnerships with community members and leaders. As part of this research, the Project provided the following interventions:

- i. Training, using the local language, for existing Local Health Committee and District Health Co-management Committee members

about sexual and reproductive health and rights (SRHR), family planning (FP), nutrition, and community health services;

- ii. Reviving and training other health committees that have been inactive for several years, and promoting their participation in Co-Management Committee meetings; and
- iii. Supporting the use of the Health Facilities Challenges Survey tool by the Co-Management Committee in regular meetings every two months as a way to monitor health services evolution and communities' opinions (note: ACPH was the first hospital in Mozambique to use this tool).

Achievements

Local Health Committees expanded in Naticiri from six poorly functioning groups to 20 active Local Health Committees covering 95% of targeted communities, with health information and education activities reaching more than 10,000 people per year.

District Hospital Co-Management Committee participation diversified to include 68 different Local Health Committee members, who partook in several of the 13 meetings held over two years (2018 and 2019) at the district hospital. The Co-Management Committee had discussions with 39 different health care workers, including the management team, maternal and child health board, statisticians, doctors, and nurses. The teaching and ongoing regular support received through these meetings and training session empowered community leaders and traditional birth attendants (TBA) to share their SRHR and FP knowledge with the community, thereby improving maternal and newborn care in the community.

Community engagement and representation enhanced as a result of the strengthened Co-Management Committee. In contrast to previous times when there was limited community

representation, infrequent meetings, and low impact on Marrere General Hospital (MGH) services delivery, the research interventions resulted in participation from diverse stakeholders from all of Natikiri (including TBAs, traditional leaders and religious leaders), regular meetings every two months, and a registry of complaints, successes, and other comments, enhancing health service delivery.

Incidences of illicit charges seldom occurred in the pharmacy, emergency room, and maternity ward. When they did happen, complaints were shared with the MGH management board and quickly resolved.



New Local Health Committee in Namitatar community

Community volunteers mobilized to be at the hospital (scheduled weekly) to support, inform, and educate health facility users. Volunteers also initiated a **maternity waiting home** as a way to support pregnant women coming long distances to the maternity to wait for delivery.

Overall, this intervention was not costly for the ACPH project – over two years, we estimated it cost USD 900 – and it was effective in reducing illicit charges, enhancing community engagement and improving access to health.



MGH Co-Management Committee meeting, 2019

Key findings

- The Mozambique Ministry of Health has designed an effective community participation program to enhance the quality of public health services, but this strategy is rarely effectively implemented.
- When approached by trusted partners, communities are eager to become engaged to decrease maternal and child mortality. They volunteer to cooperate, and their leaders are willing to receive health issues training and are ready to participate in health information and community education.
- Local Health Committees can serve as preventive medicine and screening agents who can participate in strengthening health facility and services management.
- Co-Management Committees are effective in improving health services and decreasing illicit charges if leadership and monitoring are supported.

Policy recommendations

1. Focus investments in health information and education by engaging trusted local partners to help with the development and maintenance of Local Health Committees, using the local language.
2. Use trusted local partners to identify, map, and develop local health resources to strengthen the implementation of national policy and strategy to improve the quality of health care delivery at community levels.
3. Create, monitor, and support Co-Management Committees to use the Health Facilities Challenges Survey Tool to address the complaints process and illicit charges and improve overall service provision in all health centers and hospitals.

Call to action

The Ministry of Health needs to support the development of strong Local Health Committees and Hospital Co-Management Committees which will significantly decrease illicit charges and improve ongoing communication between the community and health care facilities, contributing to the quality of care and improved maternal and newborn care outcomes in Mozambique.



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